Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

AMENDED MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
ROC HOUSTON PA

Respondent Name
TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number
M4-14-0058

Carrier's Austin Representative Box
Box Number 54

MFDR Date Received
September 6, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "It is our understanding that benefits were denied due to carriers determination that the information submitted does not support this level of service. "

Amount in Dispute: $517.26

RESPONDENT'S POSITION SUMMARY

Respondent's Summary: "Texas Mutual declined to issue payment for the reasons fiven below. Date 12/12/12. The requestor did not document a complete history by leaving out a review of systems. The exam is detailed.[sic] But the complexity of medical decision making is low. Thus, 2 of the 3 requirements were not met for code 99214. Date 12/19/12. The requestor did not document a complete history by leaving out a review of systems. The exam is detailed.[sic] But the complexity of medical decision making is low. Thus, 2 of the 3 requirements were not met for code 99214. Date 1/16/13. The requestor's documentation suffers from the same defect as the documentation for the dates above. No review fo [sic] systems coupled low to minimal medical decision making complexity."

Response Submitted by: Texas Mutual Insurance Company.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 12, 2012 through January 16, 2013	99214	$517.26	$510.80

AMENDED FINDINGS AND DECISION

This **amended** findings and decision supersedes all previous decisions rendered in this medical payment dispute involving the above requestor and respondent.

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for E/M services

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits
   - CAC-150-Payer deems the information submitted does not support this level of service.
   - 890- Denied per AMA CPT code description for level of service and/or nature of presenting problems.
   - CAC-16 Claim/service lacks information which is needed for adjudication. At least one remark code must be provided (may be comprised of either the remittance advice remark code or NCPDP reject reason code)
   - 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
   - CAC-193 Original payment after a reconsideration of services for information call 1-800-937-6824.
   - 891- No additional payment after reconsideration.

Issues

1. Did the requestor meet the requirements of 28 Texas Administrative Code §134.203?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, "for coding, billing reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; … and other payment policies in effect on the date a service is provided…"

   Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient. The American Medical Association (AMA) CPT code description for 99214 is:

   > Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

   The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following:

   - **For service date December 12, 2012** Documentation of the Detailed History
     - History of Present Illness (HPI) consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions. Documentation found listed four elements, thus meeting this component.
     - Review of Systems (ROS) requires two to nine systems to be documented. Documentation found listed three systems, this component was met.
     - Past Family, and/or Social History (PFSH) require at least one specific item from any three history areas to be documented. The documentation found listed three areas. This component was met.
   - Documentation of a Detailed Examination:

     Requires at least six organ systems to be documented, with at least two elements per listed system. The documentation found listed four body/organ systems. This component was met.
   - **For service date December 19, 2012** Documentation of the Detailed History
     - History of Present Illness (HPI) consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions. Documentation found listed four elements, thus meeting this component.
     - Review of Systems (ROS) requires two to nine systems to be documented. Documentation found listed three systems, this component was met.
     - Past Family, and/or Social History (PFSH) require at least one specific item from any three history areas to be documented. The documentation found listed three areas. This

component was met.

- Documentation of a Detailed Examination:

  Requires at least six organ systems to be documented, with at least two elements per listed system. The documentation found listed three body/organ systems. This component was met.

- **For service date January 16, 2013** Documentation of the Detailed History
  - History of Present Illness (HPI) consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions. Documentation found listed four elements, thus meeting this component.
  - Review of Systems (ROS) requires two to nine systems to be documented. Documentation found listed three systems, this component was met.
  - Past Family, and/or Social History (PFSH) require at least one specific item from any three history areas to be documented. The documentation found listed three areas. This component was met.
- Documentation of a Detailed Examination:

  Requires at least six organ systems to be documented, with at least two elements per listed system. The documentation found listed three body/organ systems. This component was met.

2. For the reasons stated above, the services in dispute are eligible for payment pursuant to 28 TAC §134.203 (c) as follows:

For service date December 12, 2012 (54.86 / 34.0376)*$104.45 = $168.34

For service date December 19, 2012 (54.86 / 34.0376)*$104.45 = $168.34

For service date January 16, 2013 (54.86 /34.023)*$ 107.13= $174.12.
Total $510.80

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is $510.80.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $510.80 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		July 11, 2014
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.